



APPLICATION FOR LICENSE RENEWAL / REINSTATEMENT

LICENSE NUMBER	PROFESSION TITLE	RENEWAL FEE	EXPIRATION DATE	REINSTATEMENTS	INTERNET RENEWAL ID NUMBER
	Contractor	\$113.00	7/31/2005	Additional fees are required after expiration. See reverse for details.	N/A

↓ NAME AND ADDRESS OF RECORD ↓

↓ LICENSEE CERTIFICATIONS * ↓

SIGN HERE *

I hereby certify that I have completed or will complete all renewal requirements before the expiration or reinstatement of my current license. I understand that I may be subject to audit by the Division.

I also certify, except as disclosed in writing and attached hereto, that since the last renewal of this license, or if this is the first renewal of this license, since the initial issuance of this license, that I have not been arrested for, charged with, convicted of, pled no contest to, or made a plea in abeyance to a crime which bears a reasonable relationship to my ability to safely or competently practice. I also certify that I have not had any disciplinary action taken against my license in any other state since the last renewal of this license. *

I DO NOT WRITE OR MARK BELOW THIS LINE !

IF YOUR ADDRESS OF RECORD HAS CHANGED SINCE YOUR LAST RENEWAL, PLEASE MAKE ANY NECESSARY CHANGES ON PAGE 2 OF THIS FORM.

SPECIFIC REQUIREMENTS Additional requirements that apply to your occupation / profession are as follows:

1. RENEWAL/REINSTATEMENT QUESTIONNAIRE: If you renew by mail, you must return this coupon and your renewal fees in the same envelope. You must also complete the Renewal/Reinstatement Questionnaire and return it in the same envelope to DOPL PO BOX 146741, Salt Lake City, UT, 84114-6741. If you renew online, DO NOT send in the coupon or questionnaire.

2. With regard to the Residence Lien Recovery Fund, the following information is provided according to Utah Code 38-11-302:

(4) The license renewal notice to a contractor shall notify the licensee that failure to renew his license will result in automatic expiration of his registration as a qualified beneficiary and of the limitations set forth in Subsection (6) on qualified beneficiaries whose registration has expired to make a claim upon the fund.

(6)(a) A qualified beneficiary whose registration expires loses all rights to make a claim upon the fund or receive compensation from the fund resulting from providing qualified service during the period of expiration.

(b) Except as provided in Section 58-55-401, a qualified beneficiary whose registration expires may make a claim upon the fund or receive compensation from the fund for qualified services provided during the period the qualified beneficiary was part of the fund.

* If you are unable to sign the licensee certifications above, you must submit complete documentation regarding the incident(s) with this renewal. Complete documentation includes any police arrest report, court docket, and probation/parole officer report for each and every arrest and/or conviction. Failure to sign does not mean the license will not be renewed; however, DOPL may request additional information if the documentation is insufficient.

CHECKLIST FOR RENEWAL / REINSTATEMENT BY MAIL See next page for detailed instructions.

- ☐ **Sign the above coupon** in the certification box or **submit documentation of why you cannot sign.** (See asterisk above.)
- ☐ **Pay the correct fee.** If you are reinstating a license after the expiration date, you must pay an additional reinstatement fee.
- ☐ **Sign your check or money order.** (Make checks or money orders payable to "DOPL.") **DO NOT SEND CASH.**
- ☐ If renewing by mail, please submit this **coupon, check, and all other** necessary documentation or information together by mail to DOPL, PO BOX 146741, Salt Lake City, UT, 84114-6741.
- ☐ **Enclose documentation of your legal name change,** if applicable, in a separate envelope.

NOTE! If renewing by mail, you must return your renewal application and fee(s) to DOPL at least 30 days prior to the expiration of your current license or you stand the risk of not receiving a renewed license before the current one expires.

ON-LINE RENEWAL INFORMATION Save time by renewing your license online at www.dopl.utah.gov

Most Utah licensees can now renew their professional licenses on-line by using a credit card and a unique "Internet Renewal ID Number" – located in the upper right corner of the renewal coupon above. The timesaving system allows a renewing licensee to immediately print out a confirmation of renewal that is as valid as a license certificate. Additionally, a renewed license certificate will be mailed to the licensee's address of record within two weeks after the online renewal process is completed and processed.

Unlawful Conduct: Your license expires on the expiration date shown above unless the license is renewed. If the license expires, you may not practice until a new license is issued. Subsection 58-1-501(1)(a) and Section 58-1-502. U.C.A., respectively, make it unlawful and punishable as a criminal offense to practice your occupation or profession beyond the expiration date on your license.

NEW MAILING ADDRESS / PHONE: Use the space below to make any address and / or telephone corrections. This address will be used for all future correspondence from the Division. You may use a business address or a post office box instead of your home address. Also, if your address changes at any other time, please notify the Division directly of the change. Do not rely on a postal service forwarding order. You can submit a change online (www.dopl.utah.gov) or in writing.

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Do not write or mark in this area. For Division use only.

LEGAL NAME CHANGE: If your legal name has changed, you must verify the change by attaching a copy of a marriage certificate, divorce decree, court order, driver's license, or social security card. Mail these changes with your coupon, payment, and documentation to DOPL, PO BOX 146741, Salt Lake City, UT, 84114-6741. (Do not use the enclosed envelope to submit this documentation.)

Last: _____ First: _____ Middle: _____ Social Security Number: _____ - _____ - _____

INSTRUCTIONS FOR LICENSE RENEWAL / REINSTATEMENT

TIMELY RENEWAL: It is your responsibility to comply with all renewal requirements stated in statute and rule and to promptly submit a completed Application for License Renewal. Due to the volume of renewals to be processed, it can take up to 30 days to process an application. If your completed application is not received at least 30 days before the expiration date shown on the coupon, the Division cannot guarantee that you will receive a new license before your current license expires. You can also renew online at www.dopl.utah.gov where you can immediately print out a confirmation of renewal.

APPLICATION APPROVAL: Your application will be approved unless it is apparent that you do not meet the renewal / reinstatement requirements. Professions with specific requirements listed on the front of this form may be subject to audit by the Division. Those selected for audit will be notified. Please note that the Division reserves the right to initiate action at any time against a licensee who did not meet the renewal / reinstatement requirements at the time the license was issued.

NON-REFUNDABLE FEES: Renewal fees paid with this application are for processing your request for renewal of licensure and are non-refundable. Please be aware that simply paying the fees does not mean that your license will be automatically renewed unless you meet the current renewal requirements and thereby qualify for a renewed license.

REINSTATEMENT FEES: If you fail to renew your license before the expiration date shown on the coupon, you will be subject to the following conditions:

- A) If you are reinstating your license within 30 days after the expiration date listed on the front of this form, you must submit the renewal fee **PLUS** an additional \$20.00 for **EACH** license being reinstated.
- B) If you are reinstating your license after 30 days and within two years of the expiration date listed on the front of this form, you must submit the renewal fee **PLUS** an additional \$50.00 for **EACH** license being reinstated. (Reinstating Lien Recovery Fund members must also submit another \$100.00 in addition to any special LRF assessments.)
- C) Fees are subject to change each July 1. The fees on the coupon are current at the time this form was printed. Please verify the current fee at www.dopl.utah.gov if applying for reinstatement more than one year following expiration of your license.

NOTICE: If you fail to reinstate your license within 2 years of the expiration date of your license, you must submit a new application, meet current requirements for licensure, and pay the fees specified in subsection R156-1-308d(3). Contact the Division for assistance in reinstating after 2 years.

INFORMATION UPDATES: You are responsible to immediately notify the Division of address or name changes as they occur. Please do not rely on forwarding orders to provide the Division with this information. Additionally, if your name change represents a new business entity, you must submit a new application for licensure before beginning practice as the new entity.

TAX ID NUMBER: The Tax ID Number for the Division of Occupational and Professional Licensing is 87-6000545.

Complete Contractor Name (as it appears on the license): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ License Number: _____

DOPL 2005/07 CONTRACTOR LICENSE RENEWAL QUESTIONNAIRE

Answer "yes" or "no" to each question. Do not leave any question unanswered.

1. _____ Has the licensee been arrested for, charged with, or convicted of a misdemeanor or felony charge in any jurisdiction during the last 2 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
2. _____ During the last 2 years has the licensee surrendered or had any disciplinary action taken against the license to practice in a regulated profession?
3. _____ Is the licensee currently under investigation or is any disciplinary action pending against the licensee now by any professional licensing agency?

IF YOU ANSWERED "YES" TO QUESTIONS 1-3 ABOVE, ATTACH A COMPLETE WRITTEN EXPLANATION.

1. _____ Do the licensee's total assets (total value) exceed total liabilities (what is owed)? (i.e. Does the licensee have a positive net worth?)
2. _____ Have all state and federal income taxes, payroll withholding, and unemployment insurance premiums been paid as required by law? (Answer "yes" if not applicable.)
3. _____ Have all (if any) judgments, liens, taxes, or child support payments been paid as required? (Answer "yes" if not applicable.)
4. _____ **Has the licensee**, while licensed under this license, **reported to DOPL** all instances or types of bankruptcy filings? (Answer "yes" if not applicable.)
5. _____ Has continuous general liability insurance coverage of at least \$100,000 for each incident and \$300,000 aggregate been maintained? NOTE: Even if you are not using the license, insurance is still required.
6. _____ Has workers' compensation insurance coverage been maintained as required by law? (Answer "yes" if not applicable.)
7. _____ Has any claim paid by the Residence Lien Recovery Fund been reimbursed, in full, as required? (Answer "yes" if not applicable.)
8. _____ Is the licensee in good standing with any and all contractor licensing agencies, with no disciplinary actions taken or pending?
9. _____ Has the licensee notified DOPL for every change or loss of its qualifier? (Answer "yes" if not applicable.)
10. _____ Is the licensee still the same entity the license was originally issued to? (Entity means sole prop., corporation, LLC, etc.)

IF YOU ANSWERED "NO" TO QUESTIONS 1-10 ABOVE, ATTACH A COMPLETE WRITTEN EXPLANATION.

I hereby certify that I have completed or will complete all renewal requirements before the expiration or reinstatement of my current license. I understand I may be subject to audit by the Division. I, the undersigned, further certify that I am authorized to sign this Questionnaire on behalf of the applicant. The information contained in this Questionnaire is free of fraud, misrepresentation, or omission of material fact; is truthful and correct; and discloses conditions regarding the applicant's financial responsibility.

Print Name of Authorized Signer

Title of Authorized Signer

Signature of Authorized Signer

Date Signed

NOTE: Save all financial statements, supporting documents (bank statements, etc.), and guaranties used to complete this questionnaire for a minimum of 2 years beyond the license issue date. Information used is subject to audit by DOPL.

Submit Application, Supporting Documents, and Fees to:

US Mail

DOPL
PO Box 146741
Salt Lake City, UT 84114-6741

Delivery or Express Mail

DOPL
160 East 300 South, 1st Floor
Salt Lake City, UT 84111

Make Checks Payable to DOPL